



Needham Public Health Department

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Needham Health Department Swimming Pool/Special Purpose Pool

Application for : ☐ Swimming Pool ☐ Wading Pool ☐ Special Purpose Pool
(Check one only)

☐ Indoor ☐ Outdoor

Location: _____

Owner: _____

Contractor: _____

Pool Operator*: _____ Telephone: (____) _____
(*PLEASE INCLUDE COPY OF CPO CERTIFICATE – Application will not be
processed without it.) Email: _____

Pool Finish: _____ Length: _____
(walls and bottom)

Width: _____ Volume: _____

Source of Water: _____

Size: Swimming Area (square feet) _____
Non Swimming Area (square feet) _____
Diving Area (square feet) _____
Maximum Pool Capacity (persons) _____

Scum Gutter: _____

Decking Type: _____ Minimum Width: _____

Mechanical Information: _____

Filters: Type _____
Total Filter Area (square feet) _____
Circulation Rate (g.p.m.) _____
Backwash Rate (g.p.m.) _____
Turn-Over Rate (hours) _____

Skimmers: Weir Length _____ Number _____
Chlorinator: Type _____ Capacity _____
Chemical Feeders: _____ Capacity _____ Quantity _____

Remarks: _____

Sketch swimming pool dimensions on the back of sheet including dimensions and depth locations

Signed: _____ Date: _____